

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	HW		65-14-01
<b>O.I.P.E. CLASSIFIER</b>	DTW	70	05-30-01
<b>FORMALITY REVIEW</b>	TA	720	07-09-01
<b>RESPONSE FORMALITY REVIEW</b>	NA	858	10-01-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	✓
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3	✓
4	✓
5	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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MFC 8/9  
10/9/01